

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SCALE NO. 10/550095
FILING DATE
APPLICANT

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	/						51	/					
2	/						52			/			
3							53				/		
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47							97						
48							98						
49							99						
50							100						
TOTAL REQ.	8	↓	3	↓		↓	TOTAL REQ.		↓		↓		↓
TOTAL OCT.	43	←	17	←		←	TOTAL OCT.		←		←		←
TOTAL CLAIMS	51	20					TOTAL CLAIMS						